Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4409AGC	A. BUILDING _____ B. WING _____	08/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST FRANCIS GROUP HOME CARE 8	1604 WILDWOOD DRIVE LAS VEGAS, NV 89108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 8/26/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled person and/or persons with mental retardation, Category I residents. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review and interview on 8/26/09, the facility failed to ensure 1 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #3 - the	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 administrator) for the protection of all residents. This was a repeat deficiency from the 1/22/09 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review and interview on 8/26/09, the facility failed to ensure 1 of 3 employees had evidence of meeting the background check requirements (Employee #3 - the administrator). This was a repeat deficiency from the 1/22/09 State Licensure survey. Severity: 2 Scope: 2	Y 105		
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.	Y 106		

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Y 106	Continued From page 2 This Regulation is not met as evidenced by: Based on record review and interview on 8/26/09, the facility failed to ensure that 1 of 3 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #3 - the administrator). This was a repeat deficiency from the 1/22/09 State Licensure survey. Severity: 2 Scope: 2	Y 106		